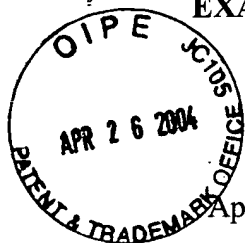


**EXAMINING PROCEDURE
RESPONSE UNDER 37 C.F.R. § 1.116
EXAMINING GROUP 6035**

PATENT
Attorney Docket No. 07411.0005.NPUS00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Application of: Edward Cohen

Serial No.: 09/522,716

Filed: March 10, 2000

For: CANCER
IMMUNOTHERAPY
WITH SEMI-
ALLOGENEIC CELLS


Group Art Unit: 6035

Examiner: Christopher H. Yaen

Certificate of Mailing

I hereby certify that this paper is being deposited with the United States Postal Service as express mail, **EL615431462US**, postage prepaid, in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

April 26, 2004


Kory Mingus

RESPONSE TO FINAL OFFICE ACTION OF FEBRUARY 26, 2004

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This paper is filed in response to the Office Action mailed February 26, 2004 in which the claims were finally rejected. The Applicant respectfully traverses the rejections and requests reconsideration in view of the following arguments.

04-28-dy

IFW 1642 AF

Date: April 26, 2004

APR 26 2004

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as express mail, **EL615431462US**, in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

04/26/04
Date

Kory Mingus

Date _____

TRANSMITTAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the following:

1. (X) Response to Office Action of February 26, 2004.

- ## 2. Fee for Claims

(X) No additional fee is required.

The fee for additional claims in accordance with 37 C.F.R. § 1.16(b)-(d) has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid for		Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total	14	Minus	52	-	x 9	-	x 18	-
Indep.	2	Minus	6	-	X 43	-	x 86	-
Fee for Multiple Dependent Claims					+145	-	+290	-
TOTAL ADDITIONAL FEES						-	OR	-

3. **Method of Payment of Fees**

() Enclosed is our firm check in the amount of: \$

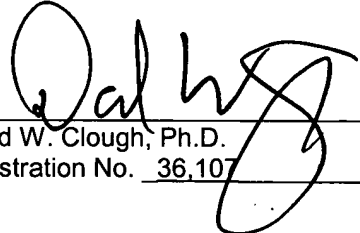
() Charge \$ _____ to Deposit Account No. 08-3038.

4. (X) The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 08-3038. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 08-3038. This sheet is filed in duplicate.

Respectfully Submitted,

HOWREY SIMON ARNOLD & WHITE, LLP

April 26, 2004
(Date)

By: 
David W. Clough, Ph.D.
Registration No. 36,107

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